SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFT 1 AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AME-<del>ट</del>ॉन O REINSTATE: \$375.)

<u>\_PR</u>QFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # G40258

FILED 97 JAN 21 AM 9: 11

PAUL FANNIN AND ASSOCIATES, INC. SECRÉTAIN OF STATE TALLAHASSEE, FLORIDA Principal Place of Business 4065 TERIWOOD AVE. ORLANDO, FL 32812 3. Date Incorporated or Qualified \$120/1983 3a. Date of Last Report 2. Principal Place of Business Applied For 2a. Mailing Address Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State City & State 6. Election Campaign Financing  $\Box$ Trust Fund Contribution Added to Fees 28 23 Country Ζıρ Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 29 30 Florida Statutes 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent FANNIN, PAUL 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 4065 RERIWOOD AVE. 83 ORLANDO, FI 32812 City Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes. CPAUL FANNIN-SAME AS LOST OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE FANNIN, PAUL 4065 TERINOPO AVE NAME 12 NAME STREE ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32812 1.4 CITY - ST- ZIP CITY Ghange Addition DELETE 2.1 TITLE 700<u>00206</u> -01/24/97---01079--010 NAME FANNIN. DURIS **2.2 NAME** 4065 TEXIWOOD AIE \*\*\*\*375.00 \*\*\*\*375.00 STHEET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP DITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS **VSTATEMENT** 90 CITY - ST-ZIP 3.4. CITY - ST - ZIP Addition TU/LE NAME DELETE 4.1 TITLE 4. 2 NAME 4 3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP DELETE 5.1 TITLE Change Addition TULE 5.2 NAME NAME 53 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY- ST-ZIP Change Addition DELETE 61 TITLE TITLE NAME 62 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 City - St - ZiP CITY: ST-ZIF

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and 312 or Biock 13-if changed, or on an attachment with an address.

12/23/96